

**TOWN PUMP, INC.**  
 "Montana Owned & Operated"  
 P.O. Box 6000  
 600 S. Main St  
 Butte, Montana 59702  
 406-497-6700  
[www.townpump.com](http://www.townpump.com)

# APPLICATION FOR EMPLOYMENT

(Please **print** in **ink** and complete in full even if attaching a resume.)

Town Pump, Inc. considers applicants for all positions without regard to age, race, color, religion, sex, national origin, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

Date \_\_\_\_\_

### Positions(s) applied

for: \_\_\_\_\_

Referral source:    ☐ Newspaper       ☐ Friend or Relative       ☐ Internet Web Site       ☐ Walk-in  
                          ☐ Job Service       ☐ Contract Service       ☐ Radio/TV       ☐ Other

Name \_\_\_\_\_

(Last) (First) (Middle I.)

StreetAddress

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Message Phone \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Are you at least 18 years of age? ☐ Yes ☐ No

Are you currently legally authorized to work in the United States? ☐ Yes ☐ No. (Proof of identity and eligibility will be required upon employment.)

Have you filed an application with the company before? ☐ Yes ☐ No If Yes, give date

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Have you been employed by the company before? ☐ Yes ☐ No If yes, give dates/location

Circle those that apply: Casino, Convenience Store, Motel, Car Wash, Corporate Office, Other. \_\_\_\_\_

Do you have any close friends or relatives currently working for Town Pump, Inc? ☐ Yes ☐ No If Yes give name, location, and position.

(Under Town Pump, Inc. policy you cannot be hired to a position if you would be in a supervisor/subordinate relationship with a close friend or relative.)

Have you ever been bonded? ☐ Yes ☐ No If Yes, list jobs

Are you employed now? ☐ Yes ☐ No If Yes, may we contact your present employer? ☐ Yes ☐ No

Are you on a lay-off and subject to recall? ☐ Yes ☐ No

Are you available to work? ☐ Full Time ☐ Part Time ☐ Shift Work ☐ Temporary  
☐ Nights ☐ Weekends

On what date would you be available for work? \_\_\_\_\_

If required for this position, do you have a valid driver's license? ☐ Yes ☐ No

Will you relocate if a job requires it? ☐ Yes ☐ No \_\_\_\_\_

Can you travel if a job requires it? ☐ Yes ☐ No \_\_\_\_\_

Have you ever been discharged from a job for dishonesty, theft, fraud, physical violence or threats of physical violence? ☐ Yes ☐ No

Have you ever been convicted of or plead guilty or no contest to a felony? \_\_\_\_ Yes \_\_\_\_ No

If yes, did the felony involve theft, fraud, or physical violence? \_\_\_\_ Yes \_\_\_\_ No

Have you been convicted of or plead guilty to any misdemeanor (excluding only traffic violations) within the past 5 years? \_\_\_\_ Yes \_\_\_\_ No.

If yes, did the misdemeanor involve theft, fraud, or physical violence? \_\_\_\_ Yes \_\_\_\_ No

(If you were charged, but the charges were dismissed or you were found not guilty, answer "No". If you received a deferred sentence, you must still answer "Yes". A "Yes" answer does not necessarily disqualify you from employment.)

If you answered yes to any of the above questions, please explain:

\_\_\_\_\_

Are you able to perform the essential functions of the job for which you applied with or without reasonable accommodations? ☐ Yes ☐ No

## Education

	Please print name, city, state for each school attended	Graduate/equivalency?	Diploma/Degree
High School		Yes No	
College		Yes No	
Other		Yes No	

## Employment Experience

Start with your present or last job. Include military service assignments where the experience is applicable to the job, and any volunteer activities. You may exclude organization names or other information that indicates age, race, color, religion, gender, national origin, or other protected status.

Employer:	Job Title:	Employment Dates From: To:
Address:	Supervisor:	Wage/Salary Start: Final:
City: State: Zip:		
Telephone Number:	Duties/Responsibilities:	
Reason for Leaving :		

Employer:	Job Title:	Employment Dates From: To:
Address:	Supervisor:	Wage/Salary Start: Final:
City: State: Zip:		
Telephone Number:	Duties/Responsibilities:	
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Address:	Supervisor:	Wage/Salary Start: Final:
City: State: Zip:		
Telephone Number:	Duties/Responsibilities:	
Reason for Leaving :		

Provide any information you feel may be helpful to us in considering your application. Include any specialized training, apprenticeships, skills, extra-curricular activities, honors received, professional, trade, business, volunteer, or civic activities and offices held. (You may exclude any information that would reveal sex, race, religion, national origin, age, ancestry, disability or other protected status).

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List **current** professional licenses, registrations, or certifications (drafting, information systems, engineering, CPA, human resources, etc.):

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U.S. Military service? ☐ Yes ☐ No Dates of Service: From \_\_\_\_\_ To \_\_\_\_\_. Indicate if you were dishonorably discharged. ☐ Yes ☐ No (Dishonorable discharge is not an absolute bar to employment and the facts of the discharge will be considered.)

## References

List three persons not previously listed willing to provide professional or work related information. Do not include relatives or close personal friends.

	<u>Name</u>	<u>Address</u>	<u>City, State ZIP</u>	<u>Phone</u>
1				
2				
3				

**PLEASE READ AND IF IN AGREEMENT SIGN BELOW**

I certify that all statements made herein are true and complete to the best of my knowledge. I agree and understand that any misstatement of the facts herein may cause forfeiture on my part of all rights to employment and may result in discharge.

I understand this application for employment shall be considered active for a period of time not to exceed 60 days. I authorize background checks, credit checks, investigations of my personal employment, financial and other related matters as may be necessary in arriving at an employment decision. I understand that neither this document nor any offer of employment from the employer constitutes an employment contract unless a specific document to that effect is executed by an officer of Town Pump, Inc.

## **IMPORTANT NOTICE TO APPLICANTS**

If I accept employment with Town Pump, Inc, I agree that any claim or dispute I may have regarding my recruitment, employment, or termination from employment with Town Pump, Inc. shall be subject to binding arbitration as the sole and exclusive remedy. The claims required to be submitted to binding arbitration include, but are not limited to:

- Claims for breach of express or implied contract or covenant;
- Claims for wrongful termination;
- Claims for violation of employment policies;
- Tort claims;
- Claims for violation of the statutory duties imposed on employers and/or employees;
- Claims for personal equitable or monetary relief for illegal discrimination, harassment or retaliation.
- Claims for benefits, including benefits claimed under an employee pension or benefits plan.

The only claims excepted from this agreement for binding arbitration are claims for broad-based injunctive relief, requests for criminal prosecution, and claims under workers' compensation, minimum wage, overtime compensation, and unemployment compensation laws.

The arbitration shall be governed by the Montana Uniform Arbitration Act and the Town Pump Policy on Mandatory Arbitration. The Town Pump Policy includes provisions related to the demand for arbitration, the qualifications and selection of an arbitrator, the payment of attorney fees, and the arbitration hearing and award. Generally, the employee's obligation to pay towards fees and costs of arbitration is limited to \$125. The Town Pump Policy is available for your review at the location or online at [www.townpump.com/HR/HowToApply.htm](http://www.townpump.com/HR/HowToApply.htm), or you may request a copy of the policy from Human Resources, P. O. Box 6000, Butte, MT 59702.

**By accepting employment with Town Pump, I will be agreeing to submit all but the claims excepted above to binding arbitration and, in so doing, will be giving up my rights to have such claims decided by a commission or administrative agency or tried before a jury in a court of law.**

**THE RIGHTS TO AN ADMINISTRATIVE REMEDY, TO A JUDICIAL FORUM, AND TO TRIAL BY JURY ARE IMPORTANT RIGHTS, AND YOU MAY WISH TO CONSULT AN ATTORNEY BEFORE ACCEPTING EMPLOYMENT WITH TOWN PUMP.**

I have reviewed the above notice and understand that if I accept employment with Town Pump, I agree to binding arbitration of all but the above excepted claims.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_